

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042461

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5976

STATE FILE NUMBER

FILED DEC 14 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN KANSAS CITYLength of stay in lb
2 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION ST. JOSEPH HOSPITALInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSONc. CITY
OR
TOWN INDEPENDENCEInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 8707 SMARTReside on Farm
Yes ☐ No ☒ XX3. NAME OF DECEASED
(Type or print)

First

VANDER

Middle

CORNELIOUS

Last

BAKER

4. DATE
OF
DEATH

Month

NOVEMBER

Day

26, 1962

Year

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7-5-19099. AGE (last birthday)
53IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
MECHANIC10b. KIND OF BUSINESS OR INDUSTRY
Textile Industry11. BIRTHPLACE (City and state or country)
Walker Co. Alabama12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

JOHN BAKER

13b. MOTHER'S MAIDEN NAME

VIOLA UTLEY

14. NAME OF HUSBAND OR WIFE

EDITH BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO16. SOCIAL SECURITY NO.
[REDACTED]17. INFORMANT
Address
Edith Baker, 8707 Smart, Independence, Mo.18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Failure

INTERVAL BETWEEN
ONSET AND DEATH

1 hr

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Pulmonary Atelectasia

2 days

DUE TO (c)

Bronchial Asthma

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)
Pulmonary EmphysemaPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 1960, to

Present

and last saw him alive on 11-26-62

Death occurred at

11:00 Am

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

George K Boyd MD

(Degree or title)

22b. ADDRESS

5111 Independence Ave

22c. DATE SIGNED

11-27-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE

11-28-62

23c. NAME OF CEMETERY OR CREMATORY

MT. WASHINGTON CEMETERY

23d. LOCATION (City, town, or county)

INDEPENDENCE, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

11-27-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

George K. Boyd

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall E. Blackwell

Licensed Embalmer No. 4713

P. O. Address Paytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.